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## Experiences of the Body in Female Undergraduates

Nicole Dignard

*University of Windsor*, [dignardn@uwindsor.ca](mailto:dignardn@uwindsor.ca)

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## Experiences of the Body in Female Undergraduates

The purpose of this study was to validate a measure of embodiment in a sample of women. Embodiment is defined as, [inset definition here]. One measure of this construct is the Physical Body Experiences Scale (PBES), however this measure has not been independently validated. That is, though the authors conducted analyses to ensure that it measured what they expected it to and in the way that it was intended to do so, the scale has not been examined by other researchers to verify these findings. Thus, the purpose of the study was to assess the PBES to determine whether the results could be replicated in a Canadian sample.

Female undergraduates ( $N=411$ ) completed the study which entailed completion of a demographic questionnaire, followed by the PBES and other measures which assessed variables which were expected to be either positively or negatively correlated with scores on the PBES. These factors were: positive body image, intuitive eating, appreciation of the body's functionality, disordered eating, body dissatisfaction, self-surveillance (i.e., viewing the body from an observer's perspective), appearance investment, reasons for exercise, self-esteem, depression, and mindfulness. After completing these measures in random order, participants were asked to report their height and weight so that their body mass index (BMI) could be computed as this has been shown to be related to scores on other measures of body image. Analyses revealed the following noteworthy findings:

- The original factor structure, as determined by the authors of the scale was not replicated. Factors or subscales represent groupings of items that measure a similar construct. For example, in the original validation study, the authors identified a cluster of items related to *Body Acceptance and Awareness*. In the present study, different items were found to group together onto different factors than those originally identified by the authors.

- Using only the items retained by the authors, the factor structure was not replicated. The first factor contained most of the items, four additional items needed to be removed because they appeared to belong to multiple factors, and the remaining three factors contained two, three, and one items, respectively.

- Results of factor analyses starting with all of the original items showed that 18 items should be removed because they were related to multiple factors, did not relate to any other groups of items. The remaining 18 items could be grouped onto four subscales:

- **Trust and Responsiveness:** Having a sense of being able to trust the body to respond to physical challenges, an awareness of the body's limits, and the ability to respond effectively to the needs of the body

e.g., *"I feel that I can trust my body to perform when I need it to"* and *"I am able to respond effectively to my body's needs"*

- **Positive Physical Experiences:** Positive experiences, unrelated to appearance, of being physically active

e.g., *"I feel that demanding physical activity leaves me feeling energized and invigorated each day"* and *"Meeting physical challenges gives me a clear sense of accomplishment"*

- **Mind-Body Connection:** Having an awareness of the connection between body and mind and a commitment to care for the body borne out of this connection

e.g., *"I have developed a connection between my body, mind, and myself"* and *"I have learned the importance of taking good care of my body"*

- **Joy in the Body:** Feeling good in one's body

e.g., *"I feel good inside my body"* and *"My body makes me feel empowered"*

- Comparison of the author's proposed factors and the factors developed in the current study showed that the present model was more consistent with the present data (i.e., a better "fit")
- Scores on the four subscales were positively related to scores on measures of positive body image, intuitive eating, functionality appreciation of the body, self-esteem, and mindfulness. Scores were negatively correlated with body dissatisfaction, eating pathology (i.e., bulimia, dieting, drive for thinness), appearance investment for self-definition, self-surveillance, anxiety, and depressive symptoms. Scores on the PBES total and subscales were not related to BMI. Thus, people who are high on embodiment, generally report engaging in less dieting and eating disordered behaviour, they tend to not base their identity on appearance and instead report high levels of appreciation for their body and for its functionality beyond its appearance; they respond to their body's needs in a caring way and focus more on the body as an extension of the self than on its outward appearance to others. They also tend to report feeling better about themselves as a whole and report fewer symptoms of anxiety and depression.

These findings suggest numerous benefits of being high on embodiment, however, the discrepancies between the present study and the original development study need to be investigated in future studies.